DEPARTMENT OF PUBLIC HEALTH AND WELFARE Replaration District No. PREPARTMENT OF PUBLIC HEALTH AND WELFARE Replaration District No. PREPARTMENT OF PUBLIC HEALTH AND WELFARE Replaration District No. PUBLIC OF OLD MIRE 20 1988 VS 300 VS 300 DEPARTMENT OF PUBLIC HEALTH AND WELFARE Replaration District No. PUBLIC OF OLD MIRE 20 1988 Let Coulty Boone Location Health Service of No. Location Health Service Health Service Old Health Service Health	73/13 M	ISSC					ION OF HEALTH - STANDARD CERTIFICATE OF DEATH -63-010382
Part Date Part Date Part Date Part Date Part Date	DO NOT WRITE	RTME			PV 6 1		HEALTH AND WELFARE 38 Primary Registration District No. 39.06 Registrar's No. 227 STATE FILE NUMBER
SOON Rev. 4/59 A	ON THIS STUB		MEND	ED	_	_	
Compared to the property of the Control of the Co	VS 300	ا ۾	1	1 1	ı	•	
ADDRESS ROUTE 4 2010-0 3	Rev. 4/59				ı		b. CITY (If outside corporate limits, give TOWNSMIP only) Length of stay in 1b C. CITY OR Inside Limits
ADDRESS ROUTE 4 2010-0 3	1	AWE					TOWN Columbia 2 days TOWN Columbia Yes No R
3 NAME OF DECEMBER First Middle Last Or DEATH March Day Year Or DEATH March Day New New Day Day New March Day New New New Day Day New New Day Day New New Day Day New New Day Day New Day Day New Day New Day Day New Day Day Day Day Day New Day Day	0/09		1	1	1		HOSPITAL OR ADDRESS
Solid Soli	20100		\bot			=	BOODE COUNTY HOSPICEL X - ROULE 4
5. SEX 6. COLOR RACE Wildowed Directed	3 /					3	(Type or print)
Malte 102. USUAL OCCUPATION (Give kind of work done) 103. USUAL OCCUPATION (Give kind of work done) 104. USUAL OCCUPATION (Give kind of work done) 105. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (City and states or country) 107. USA 108. PATTING 109. WAS AUTOPS? 109. WAS A	4				ı	- 5	SEX 6. COLOR OR RACE 7. Married 1 Never Married 1 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR
during most of working life, even if retired) Parming Roone County Mo. USA	5				ı	·	Male White 1000000 9/25/1864 98
The state of the s	4	ام		ŀ	ı	10	
15. WAS DECASED EVER IN U.S. REMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. WAS DECASED EVER IN U.S. REMED FORCES? 18. CAUSE OF DEATH (Entert WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Entert WAS CAUSED BY: IMMEDIATE CAUSE (a) 19. WAS AUTOPSY JOB ACCIDENT SUICIDE HOMICIDE 20. INJURY OCCURRED JOB ACCIDENT SUICIDE HOMICIDE 21. I attendid the deceased from JOB ACCIDENT SUICIDE HOMICIDE JOB ACCIDENT SU	3	<u>}</u>			ı	13	Farmer Farming Boone County Mo. USA
10 20 20 20 20 20 20 20	<u> </u>	취					Month Champy Bed on
10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8 2	[او	-		ı	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. , 17. INFORMANT Address
IMMEDIATE CAUSE (a) 11	9331X	الي					
TO DETAIL OF HOUR MARKED AT LONG TO DEATH BUT NOT RESTORMED TO PART II. If decessed was famale we there a pregnancy in lest 90 days there a pregnancy in lest 90 days are lest 19 mg experienced. No	10 🕏	⋖		1 ,	EN		() a pla all before the a plant of the plan
which gave rise to above cause (a), stating the under-lying cause least (b), stating the under-lying cause least (b). SET (b) and seems condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part II. If docested was famele was there a pregnancy in lest 90 days there a pregnancy in lest 90 days personal part of the part I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part II. If docested was famele was there a pregnancy in lest 90 days personal part I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part II. If docested was famele was there a pregnancy in lest 90 days personal part I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part II. If docested was famele was there a pregnancy in lest 90 days personal part II. If docested was famele was fa	11	š lõ l			ž		IMMEDIATE CAUSE (a) CONCENTRAL MUMO PROMISE TO THE PROPERTY OF
which gave rise to above cause (a), stating the under-lying cause least (b), stating the under-lying cause least (b). SET (b) and seems condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part II. If docested was famele was there a pregnancy in lest 90 days there a pregnancy in lest 90 days personal part of the part I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part II. If docested was famele was there a pregnancy in lest 90 days personal part I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part II. If docested was famele was there a pregnancy in lest 90 days personal part I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal part II. If docested was famele was there a pregnancy in lest 90 days personal part II. If docested was famele was fa	12	취용			ŏ		Conditions, if any,] DUE TO (b)
No Part	12/-0	ᆔᇬ	1		ı		above cause (a), }
TO STATE STATE	ارا دي	- 	+	╀┤	ı	, }	lying cause last.] DUE TO (c)
19. WAS AUTOPSY PERFORMED? YES [] NO [] 20c. TIME: OF Hour Month, Day, Year INJURY. OCCURRED. (Enter nature of injury, in PART I or PART II of item 18.) 20d. INJURY. OCCURRED. WHILE: AT WORK [] WHILE: AT WORK [] WORK [] WHILE: AT WORK [] Death occurred at		~ <u> </u>				ᅙ	disease condition given in-PART I (a) mare a pregnancy in test 70 deys
20d. INJURY. OCCURRED WHILE: AT WORK 20e. PLACE OF INJURY (e.g., in or about home, leaves, office bidg., etc.) 20d. INJURY. OCCURRED WHILE: AT WORK 100 May 63 and last saw him elive on 20 May 63 21. 1 attended: the deceased from 100 mon the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADPRESS (Allew Ca., May 63) 22c. DATE SIGNET				ļ		Ϋ́	A Land Land Land Land Land Land Land Land
20d. INJURY. OCCURRED WHILE: AT WORK 20e. PLACE OF INJURY (e.g., in or about home, leaves, office bidg., etc.) 20d. INJURY. OCCURRED WHILE: AT WORK 100 May 63 and last saw him elive on 20 May 63 21. 1 attended: the deceased from 100 mon the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) 22b. ADPRESS (Allew Ca., May 63) 22c. DATE SIGNET		Š				EE	PERFORMED? []
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21. I attended the deceased from: 957, to 20 Max 63 and last saw him elive on 20 Mulas 63 Death occurred at	<u> </u>	₹		ľ	,	VED (INJURY: a.m. p.m.
21. I attended the deceased from: 957, to 20 Max 63 and last saw him elive on 20 Mulas 63 Death occurred at			1	-	,		20d. INJURY OCCURRED 20e. PLACE Of Indust (e.g., in or another) WHILE AT WORK [
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226. SIGNATURE GALLESTON MD Calculate Mo 32 May 53				1	1	. [22c DATE SIGNE
Siste)	_ ¥	뎵			Ō		26. Storaging (4 1 - 92) May 12
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERS OF CREMATION.	!-		1	╀	ΑV	23	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Burial 3/23/1963 Memorial Park Cemetery Columbia, Missouri		2		1	FFID		Burial 3/23/1963 Memorial Park Come tery Columbia, Missouri
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23d. LOCATION (City, town, or county) Separation (State) AUDRESS Lyman Sprinkle Columbia, Mo. 23 1963 TRIL REGISTRAR'S SIGNATURE Lyman Sprinkle Columbia, Mo. Mon 23 1963 TRIL REGISTRAR'S SIGNATURE Lyman Sprinkle Columbia, Mo. Mon 23 1963 TRIL REGISTRAR'S SIGNATURE	.	TEM			3Y.A	24	FUNERAL DIRECTOR

(Licensed Embalmer's Statement on Reverse Side)

cool y Will

DEC 2 1883

The Mark Harman Strate

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was embalmed by me,
or by David Duffy	Student Embalmer No. 680
working under my personal supervision.	Signed Tichand a Reenes
Student Signature of Student Emberner	Signed () eenes
	Licensed Embalmer No. 5109
e de la companya de La companya de la co	P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. ...

If this body is not embalmed, fact should be so stated above.